

Timothy A. Musgrove, Ph.D.
CNEI Networks, Inc.
Tel 415 344 1956
Fax 408 516 9867

facsimile transmittal

To: Deborah Tsepal, Nixon Peabody Fax: 703.770.9400

From: Tim Musgrove Date: 5/16/2003

Re: Power of Atty Pages: 3 incl. cover

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle



Robin and I are both. Signed by Robin and me.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/579,859
	Filing Date	May 25, 2000
	First Named Inventor	Timothy A. Musgrove et al
	Group Art Unit	3627
	Examiner Name	Andrew J. Rudy
	Attorney Docket Number	002566-17

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Nixon Peabody LLP				
Address	8180 Greensboro Drive				
Address	Suite 800				
City	McLean				
Country	USA	State	VA	ZIP	22102
Telephone	(703) 770-9300	Fax	(703) 770-9400		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Timothy A. Musgrove
Signature	
Date	May 16 th , 2003
Named	Robin Walsh
Signature	
Date	May 16, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/579,859
	Filing Date	May 25, 2000
	First Named Inventor	Timothy A. Musgrove et al.
	Title	Product feature and relation comparison system
	Group Art Unit	3627
	Examiner Name	Andrew J. Rudy
	Attorney Docket Number	002566-17

I hereby appoint:

☒ Practitioners at Customer Number

22204

*Place Customer
Number Bar Code
Label here*

 OR
☐ Practitioner(s) named below

Name	Registration Number

 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the
 United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number

OR

☐ Practitioners at Customer Number

*Place Customer
Number Bar Code
Label here*

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

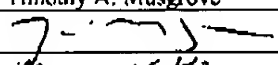
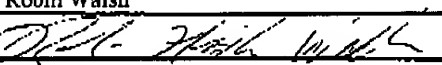
Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Timothy A. Musgrove
Signature	
Date	May 16 th , 2003
Name	Robin Walsh
Signature	
Date	May 16, 2003

 NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple
 forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.